

Name/Vendor ID: «VENDOR_NAME»

Address _____

City, State Zip _____

Telephone Number _____

VENDOR CERTIFICATION - OPTION I – INDIVIDUAL(To be used by an **individual** doing – or intending to do – business with the State of Rhode Island)I, _____, of _____, _____,
(Full name) (City/town) (State)

hereby certify that I registered to utilize the E-Verify program on _____, 2008 and that I utilize the services of the E-Verify program to ensure compliance with federal and state law. I understand and agree that I am required to continue to utilize the services of the E-Verify program for as long as I continue to do business with the State of Rhode Island. I further understand that my failure to continue to utilize the services of the E-Verify program will adversely affect my ability to continue to do business with the State of Rhode Island and my ability to do business with the State of Rhode Island in the future.

(Signature) Date: _____

(Print name)

NOTARY PUBLIC

STATE OF _____

COUNTY OF _____

In _____ in said County on the _____ day of _____, 2008, before me personally appeared

_____, to me known and known by me to be the party executing the above Vendor Certification, and he/she acknowledged said document, by him/her executed to be his/her free act and deed.

(Signature)

(Printed name) _____ My commission expires on: _____

Complete and Return To: State of Rhode Island, Division of Purchases, P.O. Box 41544, Providence, Rhode Island 02940

Name/Vendor ID: «VENDOR_NAME»

Address _____

City, State Zip _____

Telephone Number _____

VENDOR CERTIFICATION – OPTION 2 - ENTITY

(To be used by an entity (partnership, corporation, limited liability partnership, etc.) doing – or intending to do - business with the State of Rhode Island)

I, _____, the _____ of _____
 (full name) (title) (name of entity –“Entity”)
 hereby certify that I am a representative of said Entity and am duly authorized to execute this Vendor Certification on behalf of the Entity; that said Entity registered to utilize the E-Verify program on _____, 2008 and that the Entity utilizes the services of the E-Verify program to ensure compliance with federal and state law. On behalf of the Entity, I understand and agree that the Entity is required to continue to utilize the services of the E-Verify program for as long as the Entity continues to do business with the State of Rhode Island and failure to continue to utilize the services of the E-Verify program will adversely affect the Entity’s ability to continue to do business with the State of Rhode Island and will affect the Entity’s ability to do business with the State in the future.

 (Signature) Date: _____

 (Print name)

NOTARY PUBLIC

STATE OF _____
 COUNTY OF _____

 (Signature)

(Printed name) _____ My commission expires on: _____ In
 _____ in said County on the _____ day of
 _____, 2008, before me personally appeared

_____, to me known and known by me to be the party
 executing the above Vendor Certification on behalf of the Entity, and he/she acknowledged said document, by him/her executed to be his/her free act and deed of said Entity.

SUBCONTRACTOR CERTIFICATION - OPTION I – INDIVIDUAL

(To be used by an individual doing – or intending to do – business with the State of Rhode Island)

THIS SECTION TO BE COMPLETED BY THE BIDDER/VENDOR

Vendor Name and ID: «VENDOR_NAME»

Purchase Order # _____

RFP # _____

Bid # _____

THIS SECTION TO BE COMPLETED BY THE SUBCONTRACTOR

Subcontractor Name _____

Address _____

City, State Zip _____

Telephone Number _____

I, _____, of _____, _____,
(Full name) (City/town) (State)

hereby certify that I registered to utilize the E-Verify program on _____, 2008 and that I utilize the services of the E-Verify program to ensure compliance with federal and state requirements. I understand and agree that I am required to continue to utilize the services of the E-Verify program for as long as I continue to do business with the State of Rhode Island. I further understand that my failure to continue to utilize the services of the E-Verify program will adversely affect my ability to continue to do business with the State of Rhode Island and my ability to do business with the State of Rhode Island in the future.

(Signature) Date: _____

(Print name)

NOTARY PUBLIC

STATE OF _____
COUNTY OF _____

In _____ in said County on the _____ day of _____, 2008, before me personally appeared

_____, to me known and known by me to be the party executing the above Subcontractor Certification, and he/she acknowledged said document, by him/her executed to be his/her free act and deed.

(Signature)

(Printed name) _____ My commission expires on: _____

Complete and Return To: State of Rhode Island, Division of Purchases, P O Box 41544, Providence, Rhode Island 02940

SUBCONTRACTOR CERTIFICATION – OPTION 2 - ENTITY

(To be used by an entity (partnership, corporation, limited liability partnership, etc.) doing – or intending to do business with the State of Rhode Island)

THIS SECTION TO BE COMPLETED BY THE BIDDER/VENDOR

Vendor Name and ID: «VENDOR_NAME»

Purchase Order # _____

RFP # _____

Bid # _____

THIS SECTION TO BE COMPLETED BY THE SUBCONTRACTOR

Subcontractor Name _____

Address _____

City, State Zip _____

Telephone Number _____

I, _____, the _____ of _____
(Full name) (Title) (Name of entity – “Entity”)

hereby certify that I am a representative of said Entity and am duly authorized to execute this Vendor Certification on behalf of the Entity; that said Entity registered to utilize the E-Verify program on _____, 2008 and that the Entity utilizes the services of the E-Verify program to ensure compliance with federal and state requirements. On behalf of the Entity, I understand and agree that the Entity is required to continue to utilize the services of the E-Verify program for as long as the Entity continues to do business with the State of Rhode Island and failure to continue to utilize the services of the E-Verify program will adversely affect the Entity’s ability to continue to do business with the State of Rhode Island and will affect the Entity’s ability to do business with the State in the future.

(Signature) Date: _____

(Print name)

NOTARY PUBLIC

STATE OF _____
COUNTY OF _____

In _____ in said County on the _____ day of _____, 2008, before me personally appeared

_____, to me known and known by me to be the party executing the above Vendor Certification on behalf of the Entity, and he/she acknowledged said document, by him/her executed to be his/her free act and deed of said Entity.

(Signature)

(Printed name) _____ My commission expires on: _____

Complete and Return To: State of Rhode Island, Division of Purchases, P O. Box 41544, Providence, Rhode Island 02940